

I, Kelly Spann, first being sworn, state the following:

1. I am the wife of Todd Spann;
2. Todd Spann is a member of the Aetna UCR Litigation;
3. I sent via email the Claims Information Request Authorization Form to Aetna@berdonclaimslc.com on January 15, 2014.
4. Exhibit A is a copy of my email communication with Berdon Claims on behalf of my husband and Exhibit A2 is a redacted copy of the Form submitted which was attached to the email.
5. The copies attached are authentic copies.



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Kelly Spann

**From:** Aetna <[Aetna@berdonclaimsllc.com](mailto:Aetna@berdonclaimsllc.com)>  
**To:** 'Kelly Spann (Korte)' <[kellymkorte@yahoo.com](mailto:kellymkorte@yahoo.com)>  
**Sent:** Wednesday, January 15, 2014 12:34 PM  
**Subject:** RE: Aetna UCR Litigation - Information Request

Kelly:

We have received and logged your request for information in connection with the Aetna UCR Litigation. All requests will be processed and mailed in the order they were received. Please be aware that submitting this Claims Information Request Authorization Form does not mean that you have filed a claim form. This report we return to you will be accepted as an EOB for all individual services listed that you wish to claim in Option 2 if you enclose it with your claim. Incomplete forms likely will cause delays in processing.

Please note that the claims administration process is still in its early stages and it may not be possible to immediately obtain information concerning any specific subscriber or provider. Accordingly, we request that, at this time, you do not contact the Claims Administrator regarding the status of previously-submitted data requests.

Please use your Notice Number at all times you communicate with us, whether it be via mail, e-mail, or telephone. Your Notice Number contains specific information that is unique to you. The Notice Number can be found above the name and mailing address on the Notice mailed to you by the Settlement Administrator.

We also urge you to add the Notice Number to your claim form, even though there is no place listed on the form to add this information. We ask subscribers to add their Notice Numbers atop page 8 of the claim form, while Providers can add the notice number atop page 12.

Thank you for your patience.

Sincerely,  
Claims Administrator  
Aetna UCR Litigation

Phone: 800-600-3079  
Email: [aetna@berdonclaimsllc.com](mailto:aetna@berdonclaimsllc.com)  
Website: [www.berdonclaims.com](http://www.berdonclaims.com)

-----Original Message-----

From: Kelly Spann (Korte) [mailto:[kellymkorte@yahoo.com](mailto:kellymkorte@yahoo.com)]  
Sent: Wednesday, January 15, 2014 1:33 PM  
To: Aetna  
Subject: Aetna UCR Litigation - Information Request  
**Importance: Low**

Please see attached. Thank you.  
Kelly M. Spann (Korte)

EXHIBIT A

**AETNA UCR LITIGATION**  
**Claims Information Request Authorization Form**

To receive a copy of the claims information made available to the Settlement Administrator by Aetna in connection with the Covered Out-of-Network Services or Supplies that were either received or provided during the Class Period, please complete this Request Form and provide the following information:

☒ I am a Subscriber in the Aetna UCR Litigation and I authorize the Settlement Administrator to send me a copy of the information furnished by Aetna regarding the Covered Services or Supplies received from an Out-of-Network Health Care Provider or Out-of-Network Health Care Provider Group, at any time from March 1, 2001 through August 30, 2013 to assist me in filing a claim.

Member ID Number W1925 19603

☐ I am a Provider in the Aetna UCR Litigation and I authorize the Settlement Administrator to send me a copy of the information furnished by Aetna regarding the Covered Services or Supplies provided by me as an Out-of-Network Health Care Provider or as part of an Out-of-Network Health Care Provider Group, at any time from June 3, 2003 through August 30, 2013 to assist me in filing a claim.

Tax ID Number \_\_\_\_\_ Billing Tax ID Number of Medical Practice \_\_\_\_\_

(NOTE: To properly identify information for a Health Care Provider Group, you must also furnish the names of the individual Providers and their personal Tax IDs. Please list this information on a separate sheet in two columns headed: "Provider Name" and "Provider Tax ID" and submit with this form to the Settlement Administrator at the postal or email address below)

Name: TODD SPANN

Address: [REDACTED]

[REDACTED]

[REDACTED]

Daytime Telephone Number

kellym [REDACTED] com  
 Email Address

675800330

Notice Number

(The "Notice Number" can be found above the name and mailing address on the Notice mailed to you by the Settlement Administrator. If you did not receive a mailed Notice from the Settlement Administrator, please indicate "Not Available").

Submit this form to the Settlement Administrator at:

Aetna UCR Litigation  
 c/o Berdon Claims Administration LLC  
 P.O. Box 15000  
 Jericho, NY 11853-0001  
 Fax: 516-393-0031  
 Email: [aetna@berdonclaimsllc.com](mailto:aetna@berdonclaimsllc.com)

TODD S  
 Signature

TODD SPANN  
 Print your name

DETACH HERE



Exhibit A2